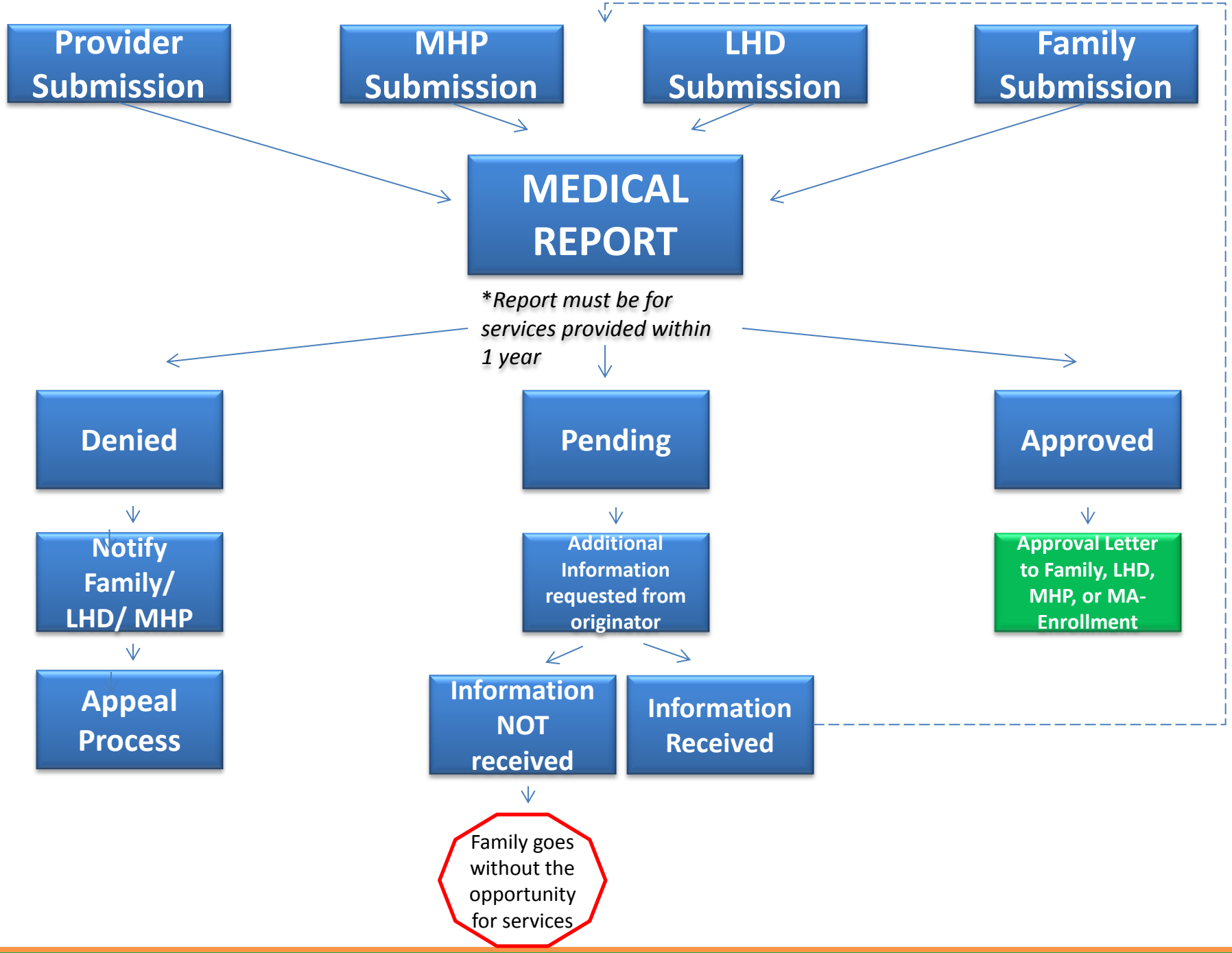
Children's Special
Health Care Services

The Seed is Planted


Provider Submission
MHP Submission
LHD Submission
Family Submission
MEDICAL REPORT
*Report must be for services provided within 1 year
Denied
Pending
Approved
Notify Family/ LHD/ MHP
Additional Information requested from originator
Approval Letter to Family, LHD, MHP, or MA-Enrollment
Appeal Process
Information NOT received
Information Received
Family goes without the opportunity for services

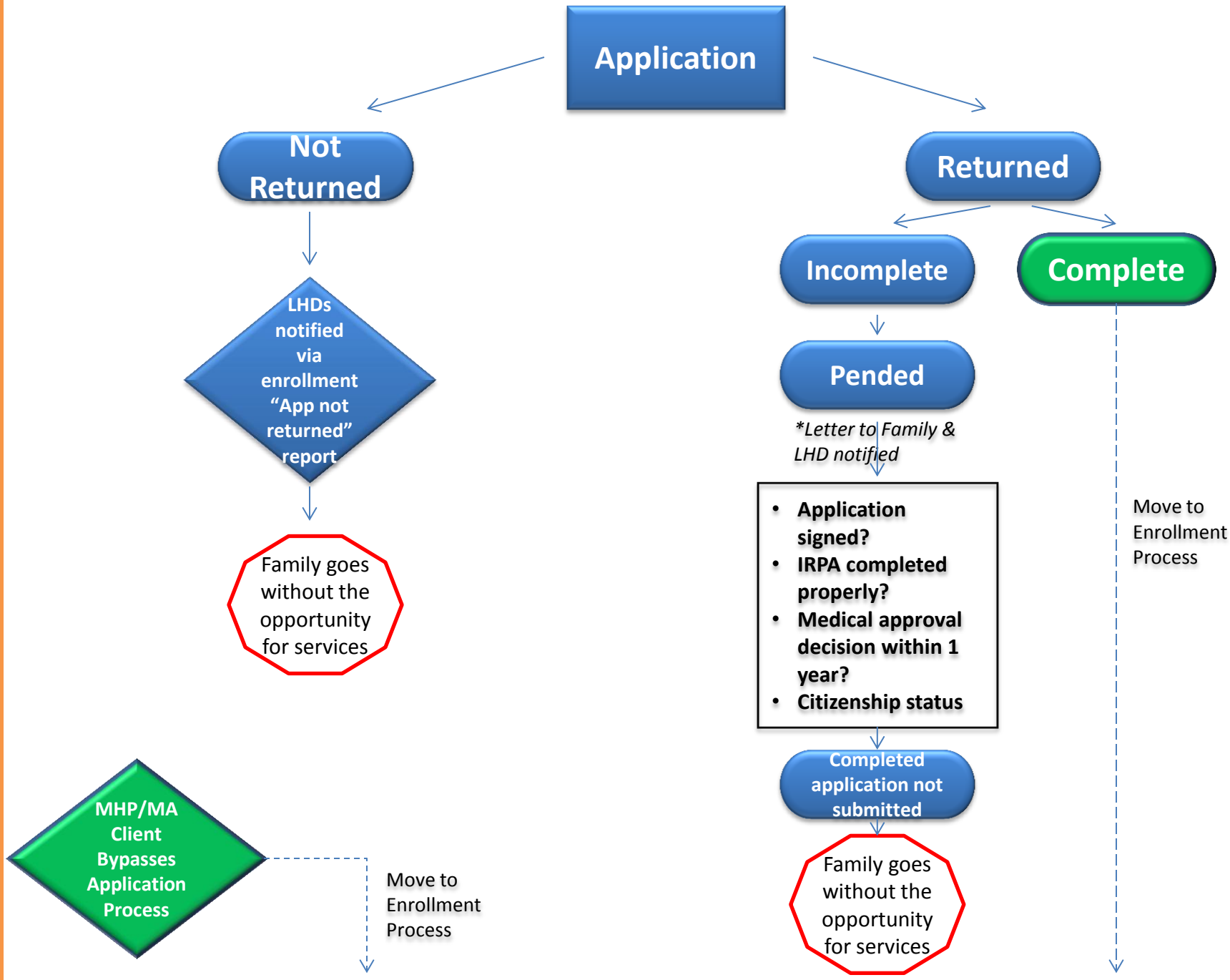
Common Submission Errors that Delay the Eligibility Process

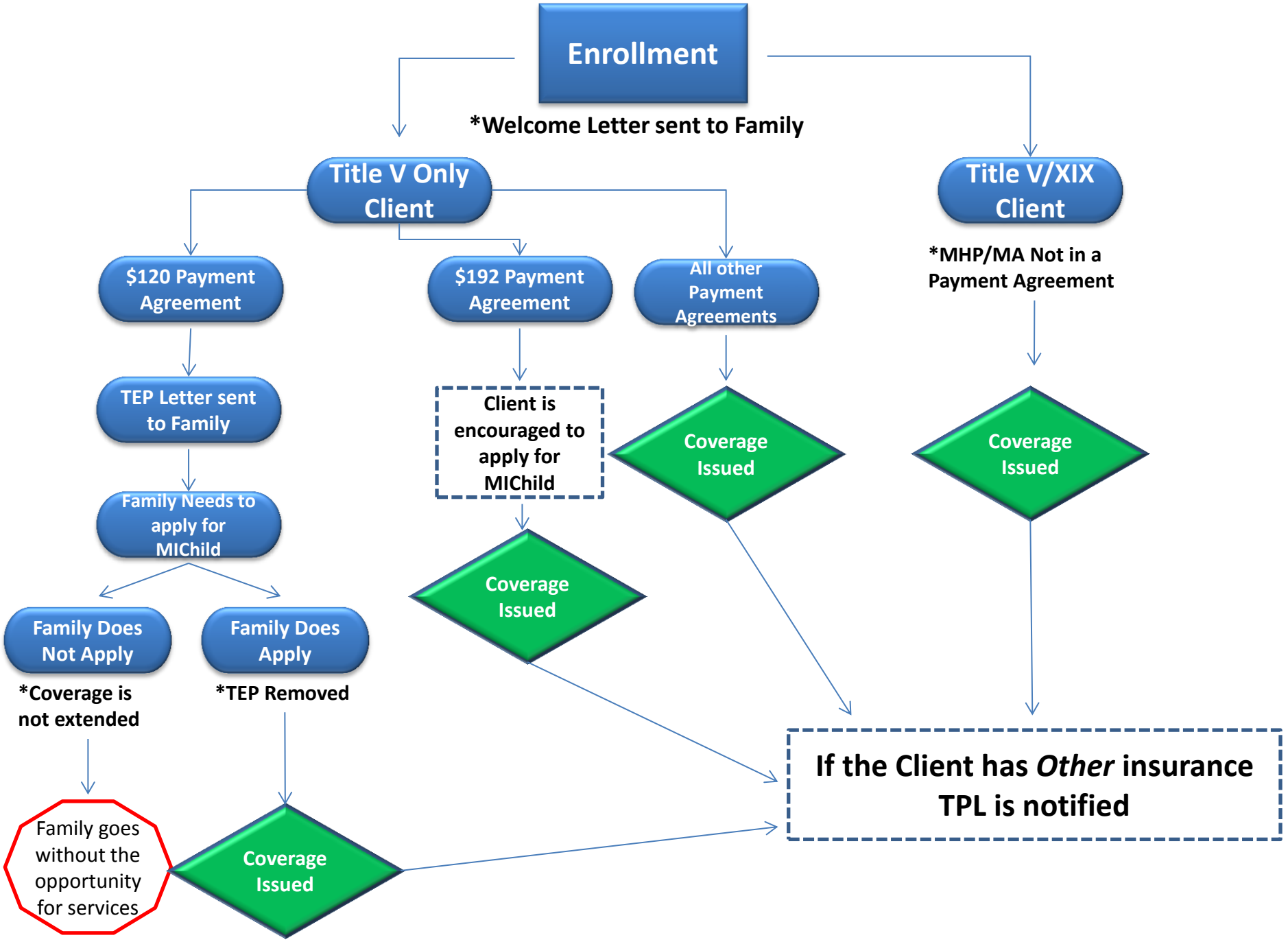
- Medical Eligibility Report Form (MERF) submitted without supporting medical documentation
- Medical report is not from a pediatric sub-specialist
- Medical report is not signed by a physician
- Medical is over a year old
- Medical report is illegible or incomplete (i.e. missing pages)
- Handwritten chart notes submitted rather than detailed dictation
- Medical report is missing clients DOB, address and/or parent names
- Diagnosis and Treatment Plan not stated
- Outpatient ER report usually insufficient for eligibility

This symbol indicates <u>avoidable</u> points in the process when potentially eligible families go without the benefits of the CSHCS program

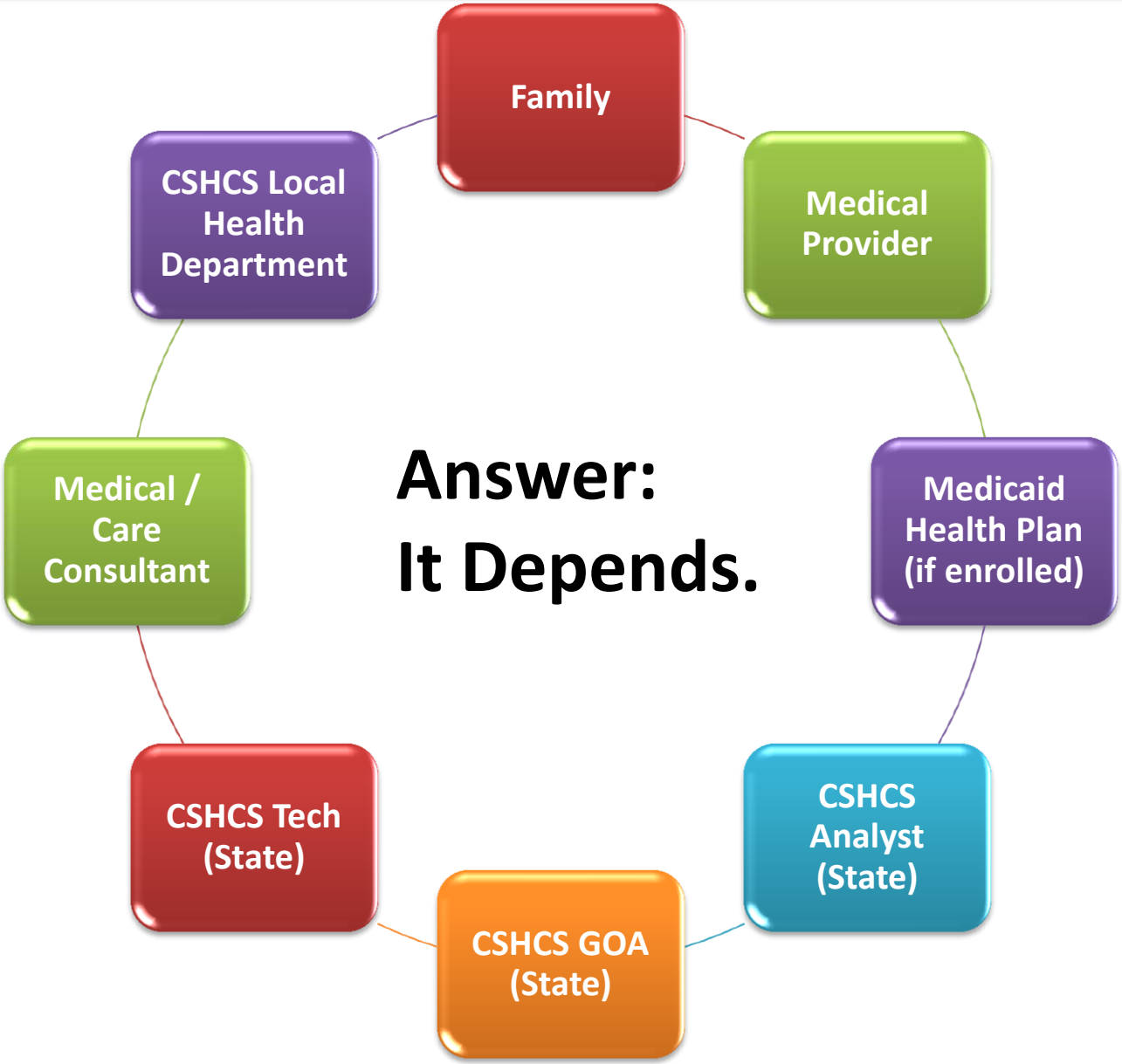
Children's Special Health Care Services

The Tree Sprouts


Application
Not Returned
Returned
LHDs notified via enrollment "App not returned" report
Family goes without the opportunity for services
Incomplete
Complete
Pended
*Letter to Family & LHD notified
Application signed?
IRPA completed properly?
Medical approval decision within 1 year?
Citizenship status
Completed application not submitted
Family goes without the opportunity for services
Move to Enrollment Process
MHP/MA Client Bypasses Application Process
Move to Enrollment Process


Enrollment
*Welcome Letter sent to Family
Title V Only Client
Title V/XIX Client
*MHP/MA Not in a Payment Agreement
$120 Payment Agreement
$192 Payment Agreement
All other Payment Agreements
TEP Letter sent to Family
Family Needs to apply for MIChild
Client is encouraged to apply for MIChild
Coverage Issued
Coverage Issued
Coverage Issued
Family Does Not Apply
Family Does Apply
*Coverage is not extended
*TEP Removed
Family goes without the opportunity for services
Coverage Issued
If the Client has *Other* insurance TPL is notified

Frequently Asked Question: How long does the process take?



Children's Special Health Care Services

Branches Out

Connections to Community Resources from the Local Health Department

- Provide case management and care coordination services to address physical, mental, and emotional concerns of client and family
- Assist families in accessing CSHCS service benefits
- Facilitate linkage to community resources (i.e. Community Mental Health, Intermediate School District (ISD), Food Banks, Housing)
- Refer to and assist with applying for other programs such as Early-On, WIC, MIChild and Health Kids

Access to Transportation Services

- CSHCS helps with travel for treatment of the CSHCS condition by approved providers
- Travel includes mileage, lodging, parking costs, bridge and highway tolls, airline tickets and car rentals
- Rides available for families without their own transportation
- All travel needs to be prior authorized
- The reimbursement is not intended to cover the entire cost of travel

Assistance with Billing Issues

- Verify that the appropriate provider is authorized for the date of service
- Refer providers who are experiencing billing problems or other reimbursement issues to provider inquiry hotline 1-800-292-2550 and/or providersupport@michigan.gov
- Intervention on complex billing issues such as multiple contacts with patient accounts, collection agencies and/or the state office
- Refer to LHD Guide to Problem Solving for Families prior to Sending to Lansing Office (*Guidance Manual 22.10*)

Insurance Premium Payment

- CSHCS may pay a client's health insurance premium when it is cost effective to do so.
- This insurance can be through employment, policy purchased by themselves directly from an insurance company, health insurance marketplace, COBRA, or Medicare B premiums.
- By CSHCS paying a premium: CSHCS clients are able to maintain private health care coverage. Private insurance covers more, since CSHCS only covers care related to the qualifying condition.

Coordination of Services thru MHP

- Assist families with identifying needs and receiving services
- Medical Care and Treatment
- Equipment and Supplies
- Medications
- Transportation
- Primary insurance or address/phone changes

Children With Special Needs Fund

- Provides support for children in Michigan with special health care needs when help is not available through any other funding source.
- Items that may be covered: Wheelchair Ramps, Van Lifts, Therapeutic Tricycles, an Electrical Upgrade to support medical equipment.
- The Fund operates entirely on donations.

Hospice

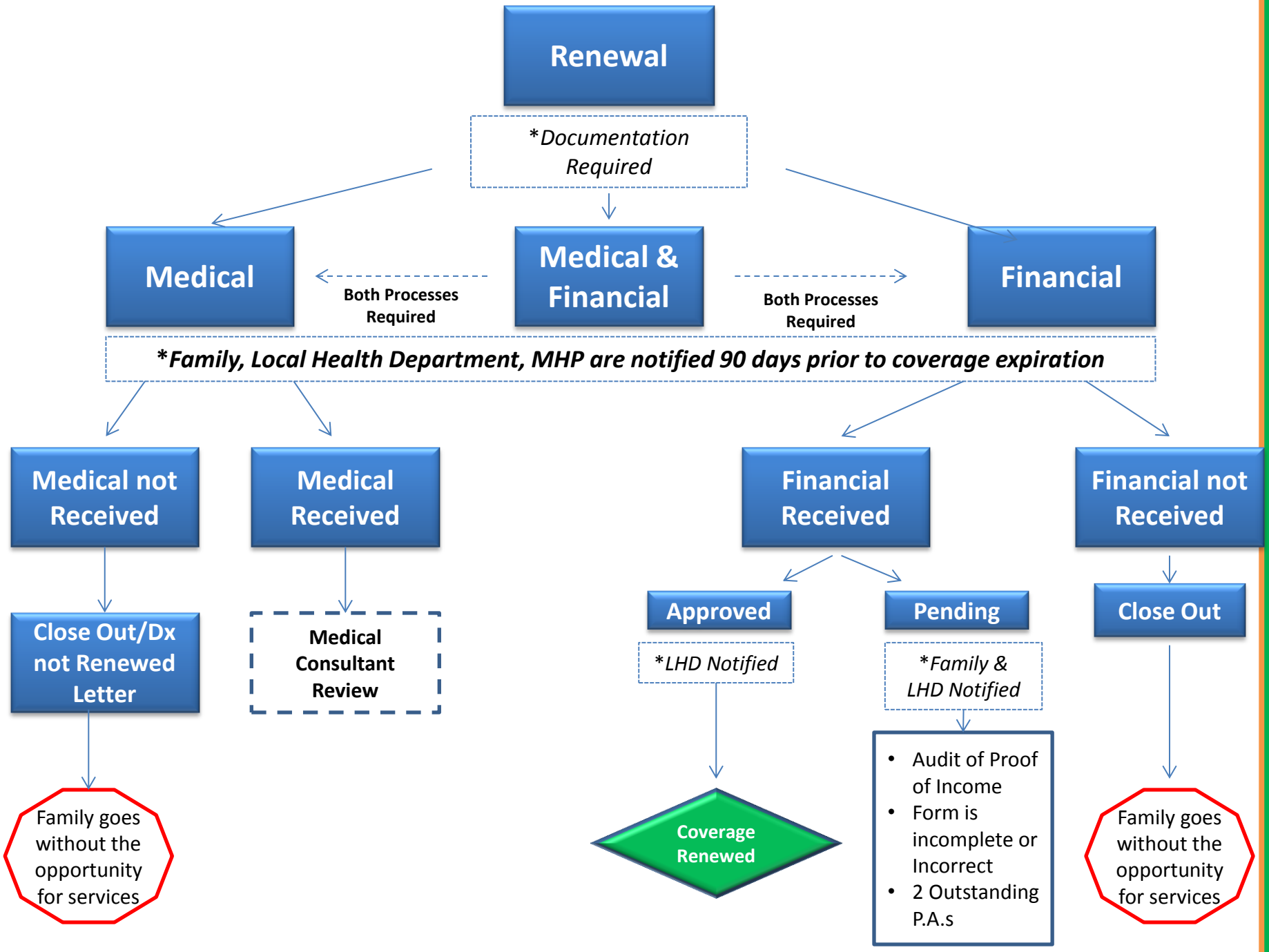
- Inform families of available services or application process
- Arrange for hospice services
- Follow-up on CSHCS issues created prior to hospice enrollment

Respite

- Help families apply for CSHCS nursing respite
- Identify other appropriate resources for families
- Help families apply for respite resources
- Assist families in development of alternative resources (i.e. training family or community support system members)

Children's Special Health Care Services

The Leaves Fall


Renewal
*Documentation Required
Medical
Both Processes Required
Medical & Financial
Both Processes Required
Financial
*Family, Local Health Department, MHP are notified 90 days prior to coverage expiration
Medical not Received
Medical Received
Financial Received
Financial not Received
Close Out/Dx not Renewed Letter
Medical Consultant Review
Approved
Pending
Close Out
*LHD Notified
*Family & LHD Notified
Family goes without the opportunity for services
Coverage Renewed
Audit of Proof of Income
Form is incomplete or Incorrect
2 Outstanding P.A.s
Family goes without the opportunity for services

Transition Planning for CYSHCN

Maternal Child Health Bureau

Core Outcome 6

Youth with special healthcare needs receive the services necessary to make transitions to all aspects of adults life, including adult health care, work, and independence.

Transition Planning Begins at age 13 – 14

- Introduction of concept and initial information provided
- If CYSHCN is capable of some self-management the process may start earlier (i.e. age 8-9)
- Transition goals are set with family and youth
- Discussed at least yearly, resources available
- Includes all involved Community- Based resources

Self-Determination & Guardianship at age 17

- Legal issue
- Medical Insurance
- Medicaid
- School, IEP

Age off CSHCS at age 21

- Transition planning continues
- PDN consumers must be transitioned to Habilitation Supports Waiver (HAB) or MI Choice Waiver to continue services.
  - Through the CMH
  - Must be anticipated.
  - Youth/ Family choice based on assessed needs.
  - It is a process that takes 6 months at a minimum

Close the Transition Loop age 18 - 26

- Transfer of Care complete to adult services
- This process should happen between the ages of 18 – 26
- Based on developmental needs

The Milestones

Transition Planning is a Team Process